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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	13	Application No.	09/823,212
		Filing Date	March 30, 2001
		First Named Inventor	Tinku Acharya
		Art Unit	2121
		Examiner Name	To Be Determined
		Attorney Docket Number	42390P11276

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Copy of PCT Search Report dated 8/11/2003; Copies of 4 Cited References; and Return Receipt Postcard</div>
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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Technology Center 2100

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Farzad E. Amini, Reg. No. 42,261  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 20, 2002

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Margaux Rodriguez
Signature	
Date	October 20, 2002

Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wdr) 09/11/2003.  
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# **FEE TRANSMITTAL for FY 2003**

*Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT (\$)**

Complete if Known	
Application Number	09/823,212
Filing Date	March 30, 2001
First Named Inventor	Tinku Acharya
Examiner Name	To Be Determined
Group/Art Unit	2121
Attorney Docket No.	42390p11276

**METHOD OF PAYMENT** (check all that apply)

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit  
Account  
Number **02-2666**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account

## **FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## 2 EXTRA CLAIM FEES

Total Claims	<input type="text"/>	-	<input type="text"/> 20	=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	-	<input type="text"/> 3	=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Multiple Dependent					<input type="text"/>		<input type="text"/>	=	<input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	66	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	66	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

*\*or number previously paid, if greater. For Reissues, see below*

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(S)

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**SUBMITTED BY**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone
Signature			Date	10/20/02

Based on PTO/SB/17 (08-03) as modified by Blakey, Solokoff, Taylor & Zafman (wir) 08/11/2003.  
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